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ABSTRACT

While an increased awareness of the dehumanizing and organizationally self-defeating qualities of residential institutions has fostered a movement toward community-based care, little research has been done to measure the "institutionality" of the alternate settings. As a part of a larger study aimed at describing alternative settings for juveniles, two dimensions of institutionalization, i.e., perceived organizational control and institutional program design, were examined in 30 settings in six different states. Perceptions of organizational control were collected from 134 members (72 percent line staff, 28 percent supervisory personnel) across all sites, using a matrix charting the level of influence in treatment decision making for all staff members. Four clusters of sites differing on perceived control were identified ranging from an administrative hierarchy (N=6), to a middle-level control model (N=3), to a resident/supervisor model (N=9). Sites were also clustered according to 19 items representing variables related to program rules. A cross-tabulation of each site's membership in the two clustering solutions (the organizational control measure and the program variables) showed that case frequencies were distributed nearly randomly; congruence between the cluster solutions appeared nearly nonexistent. That the two measures were unrelated may reflect measurement inadequacy, or may mean that the two constructs are only marginally related to each other. (MCF)

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Two Dimensions of the Construct of Institutionalization

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Beginning most vividly with Goffman's Asylums (1961), an increasing awareness of the systematically dehumanizing and organizationally self-defeating qualities of total institutions has emerged. This awareness has underpinned policy changes in juvenile justice and other social services. There is a definite move away from institutions and toward community-based care. An emphasis on more "normalizing" environments (Wolfensberger, 1974) has influenced care for the retarded, and a push for alternative, community based services has been the focus of reform in both mental health care (President's Commission, 1980) and juvenile justice (Hellum, 1980).

It is important to note, however, that these reforms have reflected more of a desire to move away from the evils of the institution than toward a clearly delineated system of alternative services. Like our Progressive Era predecessors, we are convinced that institutionalization does little, if anything, to change the individual behavior of juveniles. Also like our predecessors, however, we have based major policy initiatives on our general belief in the distinct nature of the proposed alternative services. Community-based care has resonated with the tone of the present libertarian era (Rothman, 1974), and juvenile justice has adopted this approach as a way to maintain and improve its rehabilitative mission.

No single analysis will be able to determine the efficacy of this shift in service provision. Obviously, numerous economic, political, and sociohistorical factors have contributed to the propogation of community-based care, and the resulting system will no doubt be shown to have had a mixed effect on each of these fronts. However, one of the most intriguing central questions in evaluating and planning for community-based services is how much they have actually minimized the harmful effects of institutionalization on clients and staff. Establishment of community-based services was a clear attempt to create non-institutional settings. Measurement of the "institutionality" of the resulting settings, therefore, would seem to be a critical element in the examination of the present policy shift in juvenile justice.

Unfortunately, we are a far way from a clear understanding of what it is about a treatment setting that makes it "institutional". Several descriptive analyses of organizations have provided leads (e.g., Street, Vinter & Perrow, 1966; Baker, Selzer & Selzer, 1977), but there is little in the way of a systematic taxonomy based on the construct of an institutional environment which allows comparisons to be made across settings. The major available techniques appear to be Wolfensberger's PASS (a scale for evaluating how "normalized" services for the retarded are; Wolfensberger & Glenn, 1975) and Moos' social climate scales (aimed at describing various treatment settings in terms of relationship, personal development, and system maintenance dimensions; see Moos, 1974).

The study presented here is one piece of a larger project aimed at describing alternative settings for juveniles in terms relevant to the concept of institutionalization. Two observors gathered

descriptive information on 30 alternative settings for juveniles in six different states. Further description of the choice of sites and the full range of variables collected can be found in Linney (1982). The piece of the project presented here examined the relationship between two measures of institutionalization, perceived organizational control and institutional program design. The observed relationships between these two elements of an institution's functioning were viewed as possible starting points for hypothesis generation about assessment and intervention regarding "institutional" environments.

A word about organizational control might be helpful at this point. Organizational control can be thought of as the distribution of decisionmaking power across the strata of an organization. Figure 1 is presented as an illustration of several commonly observed forms of this phenomenon. If all decisions are made by the top administrator and passed through the ranks, the distribution of organizational control can be represented as a negatively sloped straight line (Figure 1a). In this situation, decisionmaking power is concentrated in the upper levels of the organization. In a situation where group decisionmaking is the process followed, control over decisions would be evenly distributed across the levels of the organization, producing a horizontal profile (Figure 1b). In a situation where there is total autonomy at the lower levels of the organization, there would be a positively sloped representation (Figure 1c). Obviously, the representation of the same organization can vary with the types of decisions considered.

It was hypothesized that organizational control and treatment program variables should be converging indicators of the institutional quality of a setting. There were several reasons for this assumption. First, it was felt that they should both be reflections of a general institutional anomie. Dehumanization and powerlessness of both middle level staff and clients is a commonly recognized indicator of a total institution (Goffman, 1964), and it was felt that limited organizational control in the hands of lower level personnel should correlate with more rigid treatment programs which minimize client privacy and input. Second, a restructuring of organizational decisionmaking has been a critical aspect of several change projects aimed at creating less institutional treatment environments. Reppucci (Reppucci, 1973; Reppucci & Saunders, 1974), Goldenberg (Goldenberg, 1971), and Fairweather (Fairweather, Sanders & Tornatzky, 1974), for example, all established alternative treatment settings in which decisions about treatment planning were made by the line staff and residents. Finally, organizational control has been shown in industry to be a sensitive measure reflecting setting philosophy in manufacturing organizations. Tannenbaum (1974) has shown perceptions of organizational control and decisionmaking to vary systematically across company and national lines.

In theory and practice, then, the organizational control variable has been linked to the output of both industrial and human service settings. Efforts at participatory decisionmaking in industry, for example, are aimed at increasing productivity and efficiency, and interventions in human

service organizations which enlarge or enrich jobs are assumed to have a beneficial effect on clients through an improvement in the treatment provided in the setting. However, the relationship which actually exists between these two constructs in human service settings has never been systematically examined. The study presented here was an attempt to sort out the relationships between program attributes and forms of organizational control with an eye toward improved assessment and intervention in settings for juvenile offenders.

The Present Study

Perceptions of organizational control were collected by the two visiting observors from 134 staff members across the 30 sites, with an average number of 4.5 respondents per site. The fewest respondents from a site was two and the most respondents from a site was eight. Seventy-two percent of the respondents were line staff, and the remaining 28% were supervisory personnel.

Each respondent filled out a matrix (Figure 2) which asked for the perceived amount of control which each level of personnel and the residents exerted over certain decisions regarding the treatment program in the setting. The vertical axis of the matrix listed seven treatment decisions common to all of the settings (e.g., resident admission to the program, punishments for rule violations) and the horizontal axis listed four levels of persons in the agency, i.e., director, supervisor, line staff, and resident. This form produced a 28 cell matrix in which the rating in each cell reflected the respondent's perception of the amount of control which that particular level of personnel exerted over that particular decision. The amount of control was rated on a 5-point scale in which 1 represented little or no control over decisions regarding that activity and 5 represented a great amount of control. Mean values for each cell were then calulated for each site, giving one 28 cell matrix of mean values for each of the 30 sites.

Of interest for the present investigation was the profile of the values across the columns of these matrices. Sites in which the mean perceived control value for the director were high, the supervisors next in magnitude, the line staff next, and the residents lowest would be a model in which the standard rigid structure of hierarchical control was operating. On the other hand, a site which showed a horizontal pattern of these column means would appear to have a decisionmaking structure based on concensus. Finally, a negatively sloped connection of these points would indicate a site in which the major power for decisionmaking was in the hands of the residents and the immediate line staff.

Our initial intent was to categorize each site based on its fit to these three idealized models. After viewing the profiles, however, it became obvious that this approach would provide generalized, and potentially misleading, categorizations. Goodness of fit statistics for two models

compared to an ideal model could be identical, but the profiles generating these identical figures could be very different. For example, a regular U-shaped relationship and an inverted U-shaped relationship would produce identical fits to the three ideal models but would still be very different organizational control environments. In addition, choice of an idealized model would necessarily involve arbitrary judgments about the slope which would best depict the model in mind, and this choice would have a marked effect on the goodness of fit statistics obtained. A method which captured more of the richness of the data was needed.

Two approaches, one empirical and one intuitive, were devised to categorize the profiles. In the empirical scheme, Euclidean distances were calculated between all possible pairs of the matrices by summing the squared values of the differences between corresponding cells in each matrix. These distances were put into a 30 X 30 matrix reflecting the distances between each site, and this 30 X 30 matrix was then analyzed by means of cluster analysis.

The intuitive technique was less involved. Transparencies of graphs depicting each site's mean column values were constructed, i.e., the values across each level of personnel and residents were connected in the same way represented on Figure 1 which we reviewed before. Each of the four investigators then established clusters which appeared to make intuitive sense after comparing transparencies of the profiles in relation to one another. A concensus was reached through group discussion about the clusters which were most evident in each of the individual investigator's solutions. Questionable cases were resolved by referring to the empirical solution.

This process outlined above produced four clusters of sites differing on perceived organizational control regarding treatment program decisions. These four types of settings can be thought of as 1.)the administrative hierarchy model in which control generally decreased as one proceeded down the administrative ladder from director to residents (N=6), 2.) the middle level control model, in which control was concentrated in the supervisors and line staff (N=11), 3.) the resident-supervisor model, in which control was seen as being generally equal between the supervisors and the residents and in which both of these groups exerted more control than the line staff. Directors were seen as being either much more or much less influential than any other level in this model, but the important aspect shared by all the settings in this group was the control given to the residents (N=9), and 4.)the equal staff control model, in which directors, supervisors, and line staff were all seen as having equal control and residents were given very little control (N=4).

The 30 sites were also clustered according to variables related to their program rules. Four types of measures were used for this clustering. First, 19 items which appeared to have face validity for determining the characteristics of an institutional setting were chosen from the large number of items collected on each site. These items included such things as the presence or

absence of an admission or initiation procedure, the number of community facilities used by residents, whether admissions were voluntary or not, and the extent of family involvement in the program. Second, four principal components scores which were calculated from the full range of items regarding the treatment program were included. Third, the setting scores on Wolfensberger's PASS scale and an adapted version of Moos' MEAP scale were included.

For this section of the analysis, the thiry sites were clustered using a K-Means hierarchical agglomerative technique in which each setting was put into one of four clusters depending on its overall distance from the center of the cluster. The four clusters based on these program variables clearly differed in a number of ways. This clustering solution did an effective job of isolating the six detention centers along with a large residential setting in the sample into one cluster, bolstering the argument that an accurate picture of "institutionalized" programming was being obtained. ANOVAs across the four clusters (corrected for inflated alpha-levels using the Bonferroni technique) showed the significant differences on items related to the frequency of assaults, family involvement, overall PASS score, and the principal component score for resident autonomy. It is worth noting that there was a systematic trend on these items across all of the clusters, not just between the detention center cluster and the other three.

The two clustering solutions (one from the organizational control measure and the other from the program variables) were then compared. A crosstabulation of cluster membership was constructed in which each case's membership in the two clustering solutions was recorded. If the two solutions overlapped significantly, there should be a concentration of cases in those cells of the analogous clusters. However, case frequencies were distributed nearly randomly across the cells of the contingency table, producing an λ_{ab} (Hays, 1973) statistic of predictive association of only .09. In short, congruence between the cluster solutions appeared to be nearly nonexistent.

Discussion

This study was undertaken with the expectation of finding convergence between the two measure of institutionalization which were employed. Such an expectation seemed logical from both a theoretical and experiential viewpoint. The fact that these two measuures proved to be so unrelated was surprising, and could be explained in two possible ways. First, the inaccuracy of measurement, the small number of sites, and the generality of the analytic technique used could have made it difficult to capture meaningful differences, especially in the measurement of organizational control. In short, the approach used might not be accurately representing the constructs of interest in these settings. Alternatively, the constructs could have been measured adequately and are in actuality only marginally related to each other. Obviously, the first possibility cannot be ruled out. However, the second possibility should not be ruled out.

The measurement of organizational control in particular presented a number of methodological problems. Both supervisors and line staff contributed to this measure and any differences in perceptions resulting from staff position could have systematically affected the characterization of the site depending on the proportion of each staff type responding. Moreover, a supervisor or line staff may not have comparable roles across settings, possibly allowing for a great amount of slack in the assessment of each position. In other words, the organizational control measure painted each site with a broad brush, possibly missing many of the details and nuances of the construct.

In defense of the technique used, however, it should be noted that the intuitive organizational clusters arrived at did make conceptual sense to the raters. The four types all appeared logical with regard to the expected distributions of program responsibility in each of the settings considered. In other words, despite any of the above deficiencies in the data, the investigators were reasonably sure that they had captured the desired construct; sites that were definitely rigid and hierarchical emerged as such and were grouped together.

This leads us to the second possibility - that these results do not represent a methodological artifact but instead demonstrate that organizational control and treatment program do not really overlap very much. There are several implications of this possibility. First, organizational structure may be a mediating variable worthy of separate consideration in investigations of program impact. Testing what particular program approach works best with youth may be clarified by considering the organizational structure in which the program operates. Second, change agents may be wrong in assuming that a more egalitarian mode of organizational control necessarily translates into a less institutional program for clients. The construct of institutionalization may need to be considered separately in terms of the exchange between clients and the organization and staff and the organization. Finally, institutionalization may be a construct which is too broad to be valuable for guiding policy. Although a strong sense of the negative nature of institutions is shared by many who have worked in these settings, basing policy on this felt sense may not be the wisest course. Focused policy regarding alternative settings for juveniles requires a clearer definition of what is to be avoided and what is to be fostered in alternative settings for juveniles.

Figure 1

Models of Possible Organizational Control Types

Figure 1a. Hierarchical Model

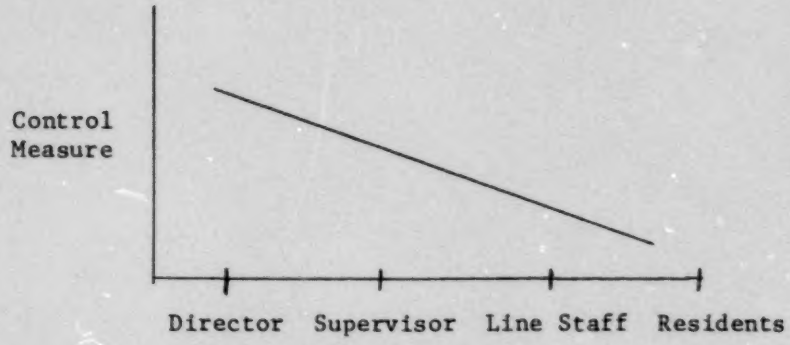

Figure 1b. Group Consensus Model

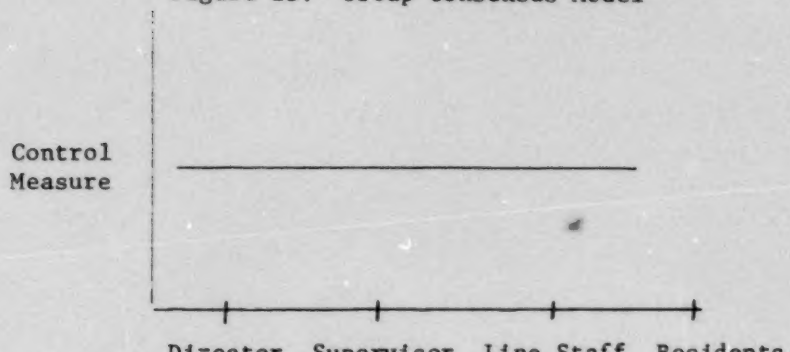

Figure 1c. Resident Autonomy Model

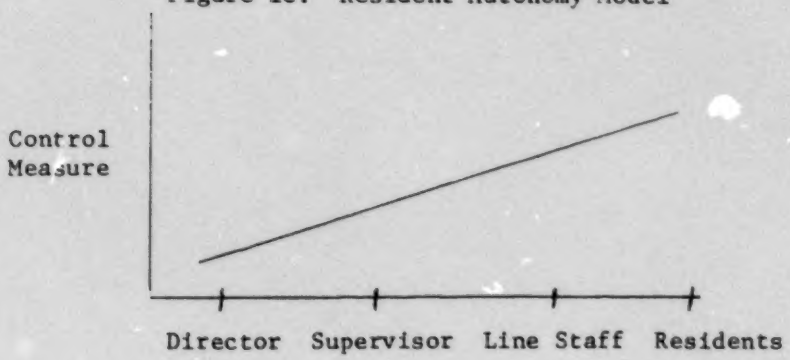

Figure 2

Matrix of Organizational Control

	Director	Supervisor	Line Staff	Residents
Educational activity				
General rules regarding resident behavior				
Individual resident behavior goals				
Penalties to residents for rule infractions				
Resident admission to program				
Resident expulsion from program				
Resident placement after program				

Each cell of the matrix is given a rating between 1 and 5 according to the amount of control which each individual named exerts over the decision listed.

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